

EMA 2000 Complimentary Exposition Only Pass

April 6-8, 2000 • John B. Hynes Memorial Convention Center • Boston, Massachusetts USA

Important: Please read the instructions before you complete the form. Please complete all fields on this form.

A. BADGE INFORMATION: Please type or print legibly. To receive confirmation of registration, fax number must be provided. Provide information as you would like it to appear on your badge.

EMA Affiliation

☐ (M) Member ☐ (N) Non-Member
☐ (NM) New-Member

Registrant

First Name _____ Last Name _____
Organization _____ Title _____
Mailing Address _____
City _____ State _____ Zip Code _____ Country _____
Telephone _____ Fax _____ E-Mail _____
Please include city & country codes Please include city & country codes

Comp #

B. REGISTRATION FEES FOR EMA 2000:

New This year, EMA is offering one-stop shopping package pricing. You have your choice of one-stop shopping pricing which includes conference registration, educational and general sessions, on-site resource book, 2 half-day tutorials or the PKI 2-day tutorial, 3 nights hotel room and tax at one of the conference hotels (PLEASE COMPLETE SECTION D), exposition admission, lunch in the exhibit hall and EMA party ticket. **All for just one price!** On the other hand, if you prefer, there is a la carte pricing. Please note a la carte pricing does not include hotel costs.

Member ☐ (CEX) FREE Non-Member ☐ (CEX) FREE
*Exposition Only Pass includes: Exhibit Hall Admission with Lunch and entrance into General Sessions and Keynote Speakers.

ONE STOP SHOPPING FEES:

	Single Occupancy	Double Occupancy
Member	<input type="checkbox"/> \$1,845 (OS1)	<input type="checkbox"/> \$1,935 (OD1)
Non-Member	<input type="checkbox"/> \$2,195 (OS2)	<input type="checkbox"/> \$2,285 (OD2)
SPECIAL OFFER FOR NON-MEMBER END-USERS:		
New Member	<input type="checkbox"/> \$2,245 (OS3)	<input type="checkbox"/> \$2,335 (OD3)

A LA CARTE REGISTRATION FEES:

Member	<input type="checkbox"/> \$995 (OM)
Non-Member	<input type="checkbox"/> \$1,295 (ON)
SPECIAL OFFER FOR NON-MEMBER END-USERS:	
New Member	<input type="checkbox"/> \$1,345 (ONM)

Please note: For those who would like to stay at the hotel for more than 3 nights, please fill out the information below and complete section D.
of Additional Hotel Nights. Please note any additional room night charges over 3 will be the attendees responsibility upon checkout.

TUTORIALS:

1/2 Day Tutorials	<input type="checkbox"/> \$300 each	Quantity _____
2 Day PKI Tutorial	<input type="checkbox"/> \$575	

Save \$75!
on full conference
and Tutorial Registrations

TUTORIALS

PLEASE CHECK WHICH TUTORIAL(S) YOU WILL BE ATTENDING:

- ☐ A. The Road to PKI (Day 1 & Day 2)
☐ B. Bridging the Theoretical with the Practical
☐ C. The Latest Issues in E-mail Security
☐ D. Knowledge Management
☐ E. Revolutionizing Enterprise-Wide Knowledge Transfer Using Enterprise Communications Portals

C. BADGE TYPE (Please check one):

- ☐ (E) End-User
☐ (EX) Exhibitor/Provider
☐ (NE) Non-Exhibiting Provider
☐ (C) Consultant
☐ (SP) Speaker
☐ (PR) Press

Company Type (Please check one):

- | | |
|--|--|
| <input type="checkbox"/> (AS) Association | <input type="checkbox"/> (CO) Consulting |
| <input type="checkbox"/> (CH) Chemical | <input type="checkbox"/> (MF) Manufacturing |
| <input type="checkbox"/> (UT) Utility | <input type="checkbox"/> (MD) Media |
| <input type="checkbox"/> (ED) Education | <input type="checkbox"/> (PH) Pharmaceuticals |
| <input type="checkbox"/> (PW) Power | <input type="checkbox"/> (FS) Financial Services |
| <input type="checkbox"/> (GV) Government | <input type="checkbox"/> (RT) Retail |
| <input type="checkbox"/> (HC) Healthcare | <input type="checkbox"/> (TR) Transportation |
| <input type="checkbox"/> (IL) Insurance/Legal | <input type="checkbox"/> (CP) Consumer Products |
| <input type="checkbox"/> (NP) Network Provider | |

Job Responsibility (Please check one):

- | | |
|--|--|
| <input type="checkbox"/> (CC) Collaborative Computing | <input type="checkbox"/> (MR) Market Research |
| <input type="checkbox"/> (CO) Consulting | <input type="checkbox"/> (NM) Network Management |
| <input type="checkbox"/> (DI) Directories | <input type="checkbox"/> (PB) Publications |
| <input type="checkbox"/> (EC) EDI/Electronic Commerce | <input type="checkbox"/> (SE) Security |
| <input type="checkbox"/> (FM) Fax Messaging | <input type="checkbox"/> (SP) Service Provider |
| <input type="checkbox"/> (GT) Gateways | <input type="checkbox"/> (VM) Voice Messaging |
| <input type="checkbox"/> (WS) Web Software & Applications | <input type="checkbox"/> (WC) Wireless Communication |
| <input type="checkbox"/> (IS) Internet Software & Applications | <input type="checkbox"/> (WA) Workflow Automation |
| <input type="checkbox"/> (IT) Intranet Software & Applications | <input type="checkbox"/> (AI) Application Integration |
| <input type="checkbox"/> (ME) Messaging Enabled Applications | <input type="checkbox"/> (MM) Messaging Management Systems |

Responsibility Level (Please check one):

- ☐ (EX) Executive ☐ (MG) Manager ☐ (ST) Staff

D. HOTEL RESERVATIONS:

Credit card number must be received to guarantee all hotel reservations. Complete the payment section below:

☐ No reservation assistance is required. I have reserved accommodations at:

☐ Please assist me by making a hotel reservation as follows: ☐ Sheraton Boston Hotel
☐ Boston Marriott Copley Place

Arrival Date: _____ Departure Date: _____
☐ Single (1 person) ☐ Double (2 people) ☐ Smoking ☐ Non-smoking

I will be sharing a room with: _____

Remarks/Special Requests: _____

Sheraton Boston Hotel

39 Dalton Street
Boston, MA 02199

Boston Marriott Copley Place

110 Huntington Ave.
Boston, MA 02116

Room Rates: Single/Double
\$199/\$219 (plus tax)

For suite rates and availability, call EMA 2000
Registration & Housing at (703) 645-9302

E. REGISTRATION PAYMENT AND HOTEL GUARANTEE:

Fax only if paying by credit card. If paying by check, credit card information must be completed for hotel guarantee. Checks should be made payable to EMA 2000.

Total Payment Enclosed: _____

☐ Check **OR** ☐ American Express ☐ MasterCard ☐ VISA

Card # _____ Exp. Date _____

Print Name _____
(As it appears on credit card)

Signature _____
(Must be provided to process)

MAIL OR FAX COMPLETED FORM TO:

EMA 2000 Registration

2751 Prosperity Avenue, Suite 100, Fairfax, Virginia 22031
Fax-On-Demand/Customer Service: (703) 645-9302
Fax: (703) 876-2637



All EMA 2000 programs are accessible to persons with disabilities. If you require special accommodations or auxiliary aids, please notify us of your needs in advance.

(EX)